SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Date: **Amount Paid:** Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept.

TYPE OF PERMIT	REQUES	TED-	×		ANITARY PRIVY	CONDITION			□ OTHE	R
Owner's Name:	100	lak	on Hi	agins) L	Mailing Address: 22		City/State/Zip:	55405	Telepho	one:
Address of Proper	tv:	JUV	11 1110	19111976	City/State/Zip:	les (buy	Minneape	NS,MN	2	10900
43490	US 1	HW	(63		Cable	- MI	54821		Cell Pho	one:
Contractor:	, -	1 10			Contractor Phone:	Plumber:		211	Plumbe	er Phone: 719
70m	Let	-KE	<u></u>		106-451-146	1 0 0	mussen			****
Authorized Agent:	: (Person Sig	gning Appli	cation on beha	If of Owner(s))	Agent Phone:	Agent Maili	ng Address (include Cit	y/State/Zip).	Writter	
									Authori	
									☐ Yes	No
PROJECT	Lega	Descrip	tion: (Use T	ax Statement)	Tax ID#	7648		Recorded Document:	(Showing	Ownership)
LOCATION								2018R	7/	3052
1/4,		1/4	Gov't Lot		.4	A CONTRACTOR OF THE PARTY OF TH	ot(s) # Block #	Subdivision:		
				1 20	16 VIZ P24 2	016				
Section	5 , Tov	nship _	+3 N, F	Range <u>07</u> w	Town of:			Lot Size	Acre	age
			•							
					Stream (incl. Intermittent)	Distance Stru	cture is from Shoreli		Δ	re Wetlands
☐ Shoreland _				of Floodplain?	If yescontinue —			feet in Floodpla Zone?	in	Present?
	□ Is	Property	/Land withi	n 1000 feet of Lake,		Distance Stru	cture is from Shoreli	ne: Yes		□ Yes
					If yescontinue -			feet		No
Non-Shoreland	d							•		
Value at Time						1,2 3-15-17-17-17				
of Completion				Ducinat	Davis	Total # of		/hat Type of		Type of
* include		Projec	t	Project # of Stories	Project Foundation	bedrooms on		Sanitary System(s) the property or		Water
donated time & material				" of Stories	Toundation	property		on the property?		on property
. winaterial	New	Constr	uction	X1-Story	☐ Basement	□ 1	✓ Municipal/Cit			☐ City
× *				☐ 1-Story +		8.	0	ry Specify Type:		
*	☐ Addi	tion/Al	teration	Loft	☐ Foundation	□ 2		ту ореспутурс.		₩ell
400,000	□ Co			_ 2 Ct	Mal. I		☐ Sanitary (Exis			
		ersion/		2-Story	X Slab	□ 3				
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	re: (if add	erty	eration or bu		Year Round d for) Length:	601	☐ Compost Toil☐ None Width:	et Height	2	5′
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Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

x below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of:

Proposed Construction

(2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) **Driveway** \underline{and} (*) **Frontage Road** (Name Frontage Road)

Show: (4)

All Existing Structures on your Property

Show: (5)Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20%

* GEE ATTACHED DRAWING

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	97.	Feet		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way	64	Feet	10	Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff	-	Feet	
Setback from the North Lot Line	70	Feet		F			
Setback from the South Lot Line	235	Feet		Setback from Wetland	-	Feet	
Setback from the West Lot Line	87	Feet		20% Slope Area on the property	☐ Yes	lo.	
Setback from the East Lot Line	10	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet	
Setback to Drain Field	-	Feet				5	
Setback to Privy (Portable, Composting)		Feet				-	
Prior to the placement or construction of a structure within ten (10) feet	of the minimum required	sethack t	the ho	oundary line from which the setback must be measured must be visible from one			

er previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

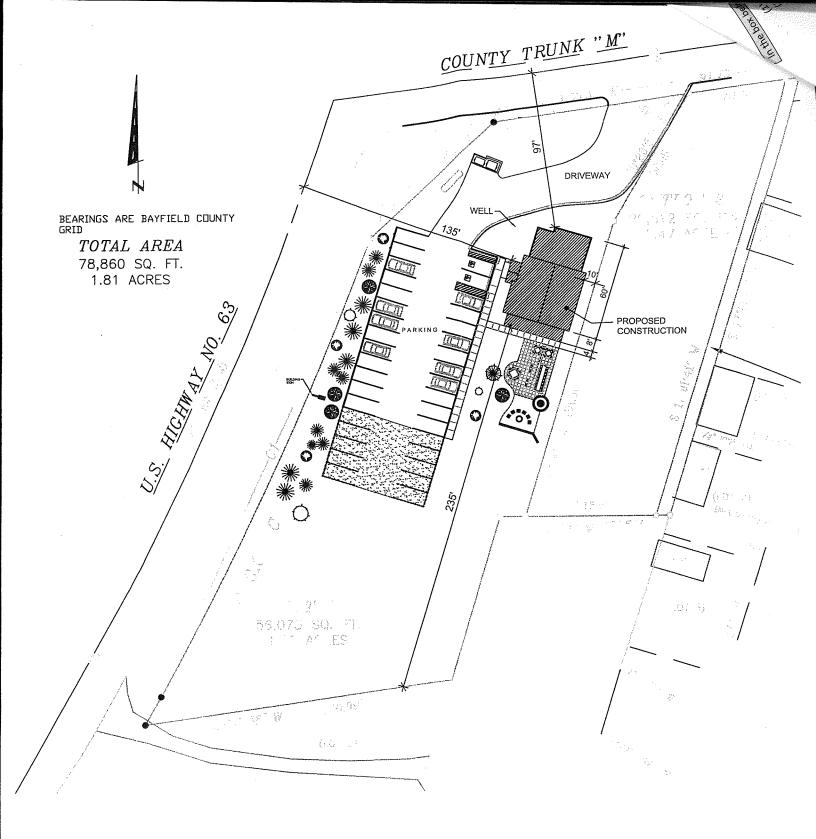
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	Tita	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 19-0396	Permit Date: 10-2	9-19				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Rec Yes Fused/Conting Yes Yes	ord) No Suppose No No No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No		
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Ves A No		e #:		
	0	Were Property Lines Represented by Owner Was Property Surveyed Yes				
Inspection Record:		1		Zoning District () Lakes Classification ()		
Date of Inspection: 10/24/19	Inspected by:	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Att Maintain Setbacks Changes in Use or Bo				al permits		
Signature of Inspector:			Market St.	Date of Approval:		
Hold For Sanitary: Hold For TBA:		davit:	Hold For Fees:	- 1704/		



CORNER BAR & RESTAURANT 43490 US HWY 63 CABLE, WI 54821

MUNICIPALITY: TOWN OF CABLE

BAYFIELD COUNTY, WISCONSIN

DESCRIPTION: LOTS 1-5 OF BLOCK 'C' AND PART OF THE

ABANDONED CST.PM&O RAILROAD RIGHT OF WAY,

ALL IN ASSRSSOR'S PLAT NO. 1, LOCATED IN THE NE 1/4 OF THE SW 1/4 OF SECTION 18,

T. 43 N., R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WI

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0396 Issued To:						: 63M LLC / John Higgins, Agent								
Location:	-	1/4	of	-	1/4	Section	18	Township	43	N.	Range	7	W.	Town of	Cable
Gov't Lot		-	L	_ot	1	Blo	ck	Subdivision CSI				CSM# 2	2016		

For: Commercial Principal Structure: [1- Story; Bar/Restaurant (34' x 60') = 2,040 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintains setbacks. Changes in use or building envelope may require additional permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 29, 2019

Date